

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
0							60						
11							61						
12							62						
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46							96						
47							97						
48							98						
49							99						
50							100						
AL	2						TOTAL IND.						
AL	19						TOTAL DEP.						
AL	21						TOTAL CLAIMS						

BEST AVAILABLE COPY